

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3				1			53						
4				1			54						
5				1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14	1		0				64						
15		1		1			65						
16		2		1			66						
17		2		1			67						
18		2		1			68						
19	1		1				69						
20		1		1			70						
21	1		1				71						
22		1		1			72						
23		2		1			73						
24		2		1			74						
25		2		1			75						
26	1		1				76						
27	1		1				77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		5										
TOTAL DEP.	28	↔	22	↔									
TOTAL CLAIMS	33	↔	27	↔									